

ANALYSIS OF FEDERAL GRANT PROGRAMS  
ADMINISTERED BY THE  
INDIANA CRIMINAL JUSTICE INSTITUTE:  
SUBSTANCE ABUSE TREATMENT PROGRAMS  
IN CORRECTIONAL FACILITIES

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June 2006

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# The Indiana Criminal Justice Institute Report Series, 2005-07

On January 26, 2006, the Indiana Criminal Justice Institute (ICJI) contracted with the IUPUI Center for Urban Policy and the Environment (Center) to perform descriptive assessments and evaluations of 12 federal grant programs administered by ICJI. The ICJI asked the Center to examine subgrantee files maintained at the ICJI offices and assess the process of subgrantee grant applications and the extent to which performance of services reported by subgrantees is consistent with subgrantee proposals. The primary sources of data for these assessments are in the subgrantee applications for funds and their fiscal and performance reports, all of which are maintained as internal administrative records by the ICJI. The major purpose of each assessment is to determine whether subgrantees are producing the services proposed in grant applications, as well as to compile any performance information contained within ICJI's internal subgrantee files.







# Executive Summary

Some of the largest single grants administered by the Indiana Criminal Justice Institute (ICJI) during the 2003-06 period were focused on the problem of drug and alcohol abuse by offenders and arrestees in Indiana prisons and jails. These grants came from two Bureau of Justice Assistance (BJA) funding streams: Residential Substance Abuse Treatment (RSAT) grants and the Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program (Byrne grants). The largest RSAT grants were made to the Indiana Department of Correction (IDOC) to establish therapeutic communities (TC) for offenders with substance abuse problems. The largest Byrne grants went to the IDOC to establish support systems for its overall substance abuse treatment programs. A related but smaller set of RSAT and Byrne grants targeted jail-based substance abuse treatment.

This report examines substance abuse treatment grants awarded by ICJI to IDOC (five grants), the Warren County Sheriff's Office (one grant), and two grants to Marion County Community Corrections (MCCC). For the period from April 1, 2003, to June 30, 2006, these eight grants represented a \$5.26 million investment by ICJI in the operation and maintenance of substance abuse treatment programs in Indiana correctional facilities.

Although some questions are raised about details, by and large the subgrantees established what appear to be viable, useful substance abuse treatment programs. The IDOC has generally complied with BJA guidelines in its application of RSAT funds to prison-based TCs. Programs funded by other RSAT grants (Warren County and MCCC) were in general compliance with the jail-based program requirements, although the Warren County program does not fully adhere to the jail-based RSAT programs described in BJA guidelines. The MCCC expended no RSAT funds in 2005, instead operating its Life Effectiveness Training (LET) program using Byrne funds. IDOC Byrne Infrastructure/Best Practices (IBP) grants provided beneficial support for substance abuse treatment in Indiana correctional facilities. IDOC used these grants to improve substance abuse screening tools, hire central officer personnel to coordinate treatment programs, and other supportive initiatives. The Byrne grant to MCCC for LET seemed to be on solid footing, although service delivery has been transferred to a new contractor in 2006-07, Fairbanks, with a new, non-LET menu of treatment services.

RSAT grants to IDOC were used to maintain two male TCs, a 194-bed unit at Westville Correctional Facility and 180-bed unit at New Castle Correctional Facility. Expenditures were consistent with program activities. The vast majority of expenditures (90 percent or more) paid for contractual services supplied by the Gateway Foundation. The focus on contractual services will change in 2006-07 because IDOC has taken over production of RSAT TC services. Overall, IDOC RSAT grants have apparently financed solid programs, but accurate assessment of impacts is weakened by incomplete performance measures and no reports on post-release substance abuse or criminal recidivism screens. For 2006-07, program structure has changed. IDOC now produces RSAT TC services in-house at the Westville and Branchville Correctional Facilities. As part of this internalization, IDOC closed the New Castle TC, and relocated it to Branchville in early 2006.

The other RSAT grant to Warren County has not established an equally strong program. Its focus is on reducing re-arrests, but it delivers non-intensive doses of LET in a county jail, without a clear residential component. The Warren County RSAT program does not appear to fully comply with BJA guidelines such as program length, focus on inmates' substance abuse problems, and being a science-based program. The program delivered services in both Warren County and Monroe County (130 miles away), but the quality and quantity of service delivery are not clearly discernible in subgrantee files.



IDOC Byrne IBP grants appear to have funded solid programs supporting IDOC's mission to deliver substance abuse treatment services to offenders in the state prison system. In the first two years, the IBP grants provided funds for improved substance abuse interview screens, databases, best practices research, and training. The substance abuse management system (SAMS) was strengthened, and day reporting services in selected parole districts were implemented. The last two grants (2004-06) helped fund a 30-bed TRV (technical rule violations) facility (Liberty Hall), although these beds shifted to a work-release facility for 2006-07.

The MCCC substance abuse treatment program, funded by Byrne money, appears to be relatively solid. The MCCC project offered 35-day and 120-day LET programs. Classes were held four times a week (a total of six hours). Participants could receive from 30 to 102 hours of classroom-based LET substance abuse treatment. Based on its first six months, the MCCC LET program was on schedule to meet its projected volume of service delivery, 460 clients; at the year's midpoint, 284 offenders had obtained services. However, MCCC was unlikely to spend all of its Byrne grant award. By March 31, 2006, the nature of the MCCC program changed, when the LET program was transferred to Fairbanks. The structure of service delivery under this grant will evolve in 2006-07.

Among the recommendations made across these eight grants are the following:

1. Grant recipients should be required to produce metrics that more precisely describe the impact of aftercare on clients.
2. Overall the *burn rate* (i.e., actual spending) of program expenditures lagged behind the supply of RSAT grants. One result of this is that ICJI has had to return federal funds because they found no outlet in Indiana substance abuse treatment programs. ICJI should encourage subgrantees to expend the funds awarded in a timely manner.
3. Site visits are needed to verify and describe the current supply of substance abuse treatment services by either IDOC or other contractors.
4. ICJI should require better measures of relapse and recidivism, including identification of agencies responsible for collecting and analyzing data on post-release drug and crime involvement. These measures are needed for future evaluations.
5. RSAT subgrantees are completing Byrne grant applications for non-Byrne funds. ICJI should consider designing application forms specifically for RSAT programs.
6. Thought should be directed at using existing data to measure the outputs and outcomes of RSAT and Byrne grants. The SAMS could be used to compile substance abuse profiles of incoming inmates, and to track performance of treatment programs. For instance, if SAMS contains post-treatment drug screen results, it can be used to monitor overall treatment system performance.
7. The shift from outside contractor to IDOC-produced TC services should be examined to assure quality of services is maintained. Databases describing outputs (successful graduates of TCs) and outcomes (lower recidivism among RSAT TC graduates) should be developed and maintained to examine performance of RSAT grant programs.
8. To the extent outside contractors are used, ICJI should require inclusion of the contractor's budget so efficiency assessments can be conducted.
9. Regarding problem statements, ICJI should require evidence-driven documentation of problems, as well as sources of any empirical data presented as proof of the problem.



10. To this end, IDOC should be encouraged to use empirical information contained within its SAMS data to demonstrate the need for RSAT services.
11. In an environment of steeply declining federal RSAT allocations to Indiana, future proposals for jail-based RSAT programs should be closely examined to be sure they comply with BJA guidelines.





# Introduction

This report focuses on the substance abuse treatment programs that are included within the federal Residential Substance Abuse Treatment (RSAT) and Edward Byrne Memorial State and Local Law Enforcement Assistance Grant (Byrne grants) programs administered by ICJI. As shown in Table 1, eight grants are profiled. Four RSAT grants—two awarded to the Indiana Department of Correction (IDOC) and one each awarded to Marion County Community Corrections (MCCC) and the Warren County Sheriff's Department—are examined. Four Byrne grants—three to IDOC and one to MCCC—are reviewed. Map 1 shows the geographical locations where these grants have supported substance abuse treatment service delivery by IDOC, Warren County, and Marion County. Altogether, these grants represent a \$5.26 million investment from 2003 to 2006 in providing substance abuse treatment programs in Indiana prisons and jails.

**Table 1: Substance abuse treatment services funded by ICJI, various programs 2003-06 (source of funds: RSAT and Byrne)**

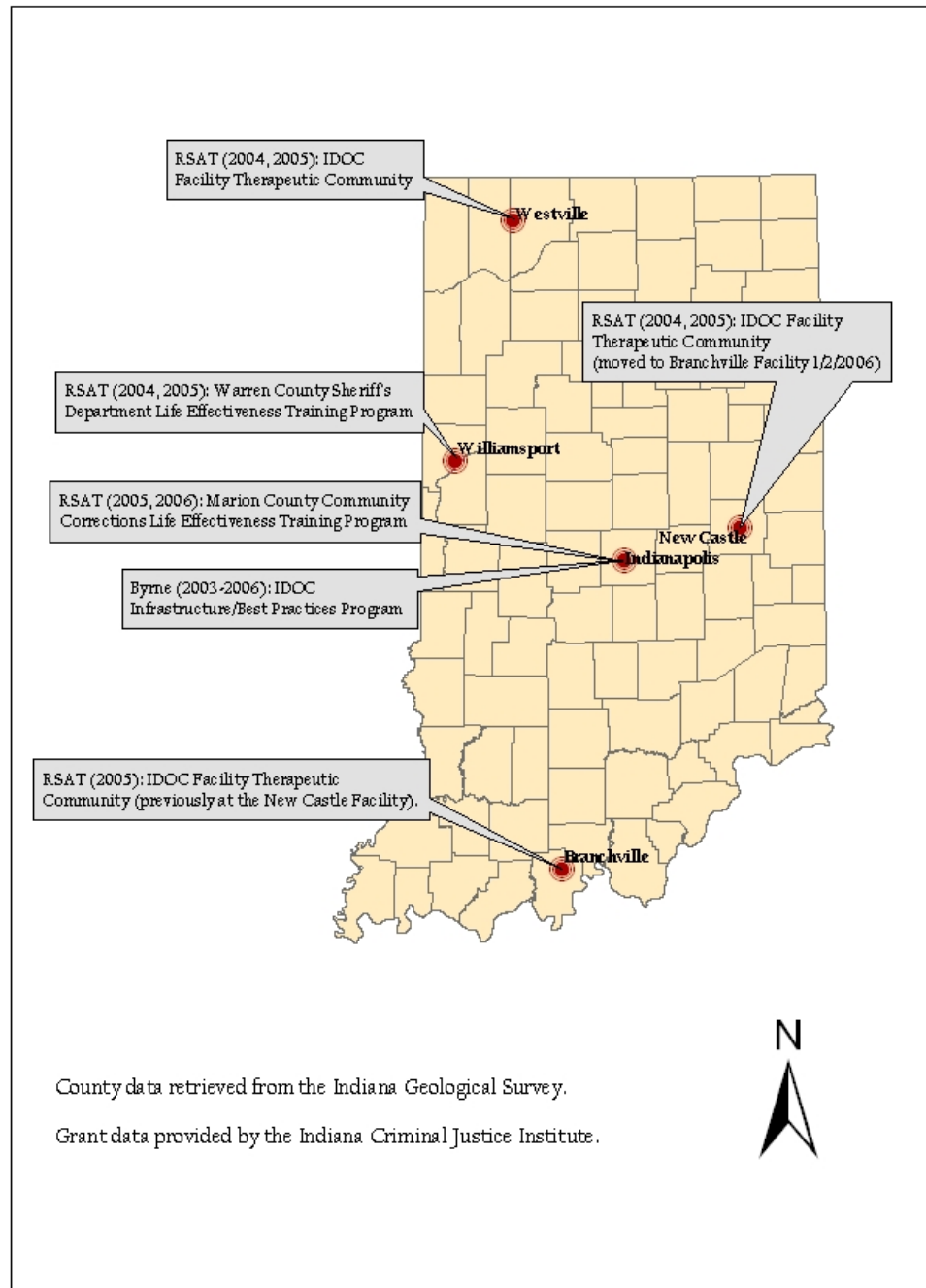
Grant number	Grant type	Grant recipient	Project period	Award amount	Projects
02-RT-001	RSAT	IDOC	2/1/2004 - 1/31/2005	\$1,078,222	Funds two therapeutic communities: New Castle & Westville. Amended end date: 2/28/2005
03-RT-001	RSAT	IDOC	3/1/2005 - 2/28/2006	\$862,500	Funds two therapeutic communities: New Castle & Westville. Amended November, 2005: New Castle TC closed and moved to Branchville; IDOC internally produces TCs now
03-RT-002	RSAT	Warren County Sheriff's Department	1/1/2005 - 12/31/2005	\$43,844	Life Effectiveness Training (LET) substance abuse treatment program
03-RT-003	RSAT	Marion County Community Corrections	1/1/2005 - 12/31/2005	\$35,820	Project is listed as "LET" on application but as "Rise to the Street" in project description. LET is described as a partner. [No reported expenditures in 2005.]
02-DB-024	Byrne	IDOC	4/1/2003 - 3/31/2004	\$1,125,000	Infrastructure/Best practices
03-DB-022	Byrne	IDOC	4/1/2004 - 3/31/2005 (extended to 6/30/2005)	\$1,125,000	Infrastructure/Best practices
04-DB-016	Byrne	IDOC	4/1/2005 - 6/30/2006	\$900,000	Infrastructure/Best practices
04-DB-025	Byrne	Marion County Community Corrections	4/1/2005 - 3/31/2006	\$88,076	Life Effectiveness Training (LET) substance abuse treatment program
Total grant awards				\$5,258,462	

Source: ICJI subgrantee files

The IDOC is ICJI's largest subgrantee in terms of funds awarded. Considering all grants administered by ICJI, the largest single grants during the 2003-05 period were made to IDOC. They are found within the RSAT funding stream, supplied by the U.S. Bureau of Justice Assistance (BJA). The largest grants have been made to IDOC to establish therapeutic communities (TC) for offenders with substance abuse problems. The largest Byrne grants have also gone to IDOC to establish various support systems for its overall substance abuse treatment programs. In comparison, the Byrne and RSAT grants to MCCC and Warren County are small, ranging from about \$36,000 to just over \$88,000.



Map 1: Location of 2003-06 RSAT and Byrne substance abuse treatment grants





# Residential Substance Abuse Treatment Grants

The Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322) created the RSAT program.<sup>1</sup> By 2005, more than \$400 million had been allocated for funding RSAT programs across the United States.<sup>2</sup> Table 2 provides a 1997-2006 history of RSAT grants reported by the Drug & Crime Control Division of ICJI, shown in terms of the total RSAT grant award to the state of Indiana, alongside the amounts spent by ICJI subgrantees. From 1997 to 2006, Indiana received approximately \$7.2 million for the funding of its RSAT programs. Of this amount, state subgrantees have spent a total of about \$5.4 million. The IDOC has consumed the vast majority of these funds.

Institutions seeking RSAT funds must meet minimum program requirements outlined by the BJA. For state and local RSAT programs, they must:

1. Last between 6 and 12 months
2. Be provided in residential treatment facilities set apart from the general correctional population
3. Focus on the substance abuse problems of the inmate
4. Develop the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems
5. Conduct urinalysis or other reliable forms of drug and alcohol testing
6. Give preference to subgrant applicants who will provide aftercare services

For jail based programs, they must:

1. Last at least three months
2. Make every effort to separate RSAT participants from the general correctional population
3. Focus on the substance abuse problems of the inmate
4. Develop the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems
5. [Be] science based and effective

As shown here, IDOC has generally complied with these guidelines in its administration of RSAT funds for prison-based TCs. The program funded by the Warren County RSAT grant is not fully compliant with the jail-based program requirements and some questions arise concerning the nature of the Warren County program. (As discussed later, MCCC expended no RSAT funds in 2005.)

## RSAT Grants to IDOC

The state of Indiana has received federal RSAT funds during at least the 1997-2006 period, except 2004, when no federal funds were received (Table 2). Two grants to IDOC are examined here (02-RT-001 for \$1,078,222 and 03-RT-001 for \$862,500), covering the February 1, 2004, to February 28, 2006, period.

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<sup>1</sup> Bureau of Justice Assistance. Retrieved April, 26, 2006, from <http://www.ojp.usdoj.gov/BJA/grant/rsat.html>

<sup>2</sup> Bureau of Justice Assistance. (2005). *Residential Substance Abuse Treatment for State Prisoners (RSAT)*.



The 03-RT-001 grant is a continuation of programs funded under 02-RT-001.<sup>3</sup> All told, these are the seventh and eighth RSAT grants awarded to IDOC by ICJI (see Figure 1).

**Table 2: Federal RSAT grant history for Indiana, 1997-2006**

Year	Federal RSAT awarded	Spent by IN subgrantees	Difference	Percent spent by subgrantees
1997	\$448,620	\$433,291	\$15,329	96.0%
1998	\$970,031	\$760,412	\$209,619	78.3%
1999	\$952,303	\$839,786	\$112,517	88.1%
2000	\$965,499	\$765,722	\$199,777	79.3%
2001	\$954,738	\$887,734	\$67,004	92.9%
2002	\$1,078,222	\$1,042,270	\$35,952	96.6%
2003	\$1,016,771	\$650,826	\$365,945	64.0%
2004	\$0	\$0	\$0	
2005	\$580,541	\$0	\$580,541	0%
2006	\$202,307	\$0	\$202,307	0%
Totals	\$7,169,032	\$5,380,041	\$1,788,991	75.0%

Source: Drug and Crime Control Division, ICJI, emails 5-01-06 and 5-18-06, T. Grantham to B. Newby

These grants financed the operation and maintenance of two therapeutic communities (TC) providing substance abuse treatment services at the Westville Correctional Facility (194 beds) in LaPorte County and the New Castle Correctional Facility (180 beds) in Henry County.<sup>4</sup> Each grant paid for operation of the TCs at both sites. Regarding TCs as a tool in substance abuse treatment, Taxman and Bouffard claim that “the therapeutic community is the predominant long-term residential treatment program for substance abusers and offenders” (p. 189).<sup>5</sup> A 2004 analysis of prison-based drug treatment indicates that:

the aim of the TC is total lifestyle change, including abstinence from drugs, elimination of antisocial behavior, and development of prosocial attitudes and values. Individual and group counseling, encounter groups, peer pressure, role models, and a system of incentives and sanctions form the core of these programs. Inmate residents of the TC live together, participate in self-help groups, and take responsibility for their own recovery (p. 111).<sup>6</sup>

Figure 1 provides an overview of Indiana’s RSAT grant history to IDOC facilities. The Westville TC project began in 1997 and was contracted originally to CiviGenics, a private company providing substance abuse treatment services and correctional facility operations management. Beginning July 2002, the Westville TC and a new TC at the New Castle Correctional Facility were contracted to the Gateway

<sup>3</sup> For all intents and purposes, these two RSAT grant applications from IDOC were identical, with only minor differences. This makes general sense insofar as the same RSAT TCs were being funded under both grants. In this assessment, observations about grant application materials apply to both grants unless specified otherwise.

<sup>4</sup> RSAT grant amendments from fall 2005 filed by IDOC to ICJI indicate that from December 31, 2005 through the end of the 03-RT-001 grant period (February 28, 2006), IDOC closed the New Castle TC and moved it to the Branchville Correctional Facility. The Branchville TC is produced by internal IDOC staff.

<sup>5</sup> Taxman, F.S. & Bouffard, J. A. (2002, June). Assessing therapeutic integrity in modified therapeutic communities for drug-involved offenders. *The Prison Journal* 82(2), 189-212.

<sup>6</sup> Welsh, W.N & Zajac, G. (2004). A census of prison-based drug treatment programs: implications for programming, policy, and evaluation. *Crime & Delinquency* 50(1), 108-133.





Foundation, a not-for-profit organization specializing in substance abuse treatment programs at correctional sites. RSAT grants 00-RT-001, 01-RT-001, 02-RT-001, and 03-RT-001 funded the Gateway TCs during this time. Amendments to RSAT grant 03-RT-001 were adopted November 2005. These amendments closed the TC at the New Castle facility, and relocated it to the Branchville Correctional Facility in Perry County. These amendments explained that IDOC would thereafter begin providing the RSAT TC services without use of a primary outside contractor. In December 2005, IDOC began managing the Westville TC in-house, and began operating the Branchville TC in January 2006. IDOC staff reported the Branchville TC has a 240-bed capacity.<sup>7</sup>

### Program description

The proceeds of the RSAT grants were used by IDOC to maintain two TCs, a 194-bed male unit at Westville Correctional Facility and 180-bed male unit at New Castle Correctional Facility. The programs are segregated TCs (male only) modeled after the therapeutic community model and last a minimum of six months and a maximum of 12. The IDOC description is as follows:

The programs are designed to provide a holistic approach that has a strong focus on criminal thinking patterns, behavioral, social, educational and vocational needs. The Therapeutic Community focuses on preparing offenders for successful reintegration to society by reducing substance abuse and recidivism....The Therapeutic Communities have strong linkages to the Parole Districts, including the Parole Substance Abuse Counselors.<sup>8</sup>

The IDOC RSAT applications describe the TCs in terms of number of beds, the length of the programs, the research-supported model used, the holistic approach employed, and the focus on the RSAT program preparing treatment participants for re-entry. The IDOC lists the beneficiaries of the program as offenders, their families, and the public. Finally, the TC “linkage” to Parole Districts (PD) and the Parole Substance Abuse Counselors is noted.<sup>9</sup>

### *Problem statement, goals, objectives, and program activities*

The problem statements for both IDOC RSAT grants are largely identical, derived from the following statement:

It is widely recognized that the abuse of alcohol and drugs is a serious problem in Indiana as well as across the nation. The problem is most acutely reflected in our prison population.<sup>10</sup>

The IDOC included limited empirical observations in the problem statement (e.g., “Reception and Diagnostic Center staff as well as DOC facility substance abuse counselors report that 80-90% of DOC offenders have a significant history of substance abuse,” “average 3% positive drug testing,” “random drug

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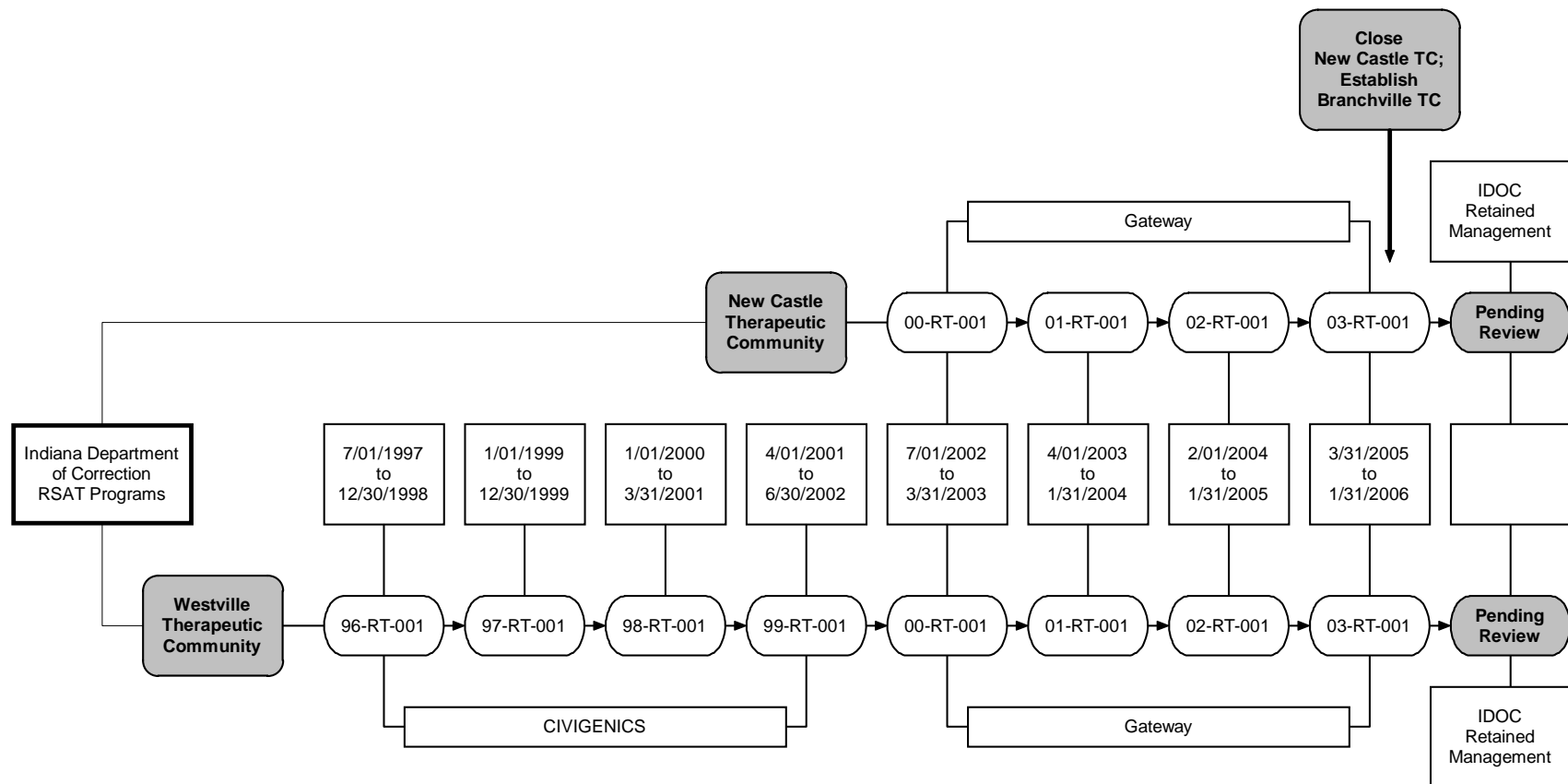
<sup>7</sup> Interview with Diana Williams, Mental Health and Behavioral Management Director, IDOC. April 28, 2006.

<sup>8</sup> Indiana Criminal Justice Institute Grant Award, 03-RT-001, January 19, 2005, pp. 5-6.

<sup>9</sup> Based on some of its purchases using Byrne funds, IDOC is indirectly coordinating its Byrne Infrastructure/Best Practices (IBP) grants with RSAT grants. One of the Byrne grants (03-DB-022) helped finance acquisition of wireless computer equipment for parole officers to allow them to enter data electronically in the field. IDOC staff reported that Byrne grants helped fund the “Electronic Signature” program that created computer-based updating of sentence reductions based on electronic submission of proper forms, resulting in a final update to the offender’s file. Graduates of substance abuse programs in IDOC (both RSAT and routine substance abuse programs) receive a six-month reduction in their sentences.

<sup>10</sup> Indiana Criminal Justice Institute Grant Award, 03-RT-001, January 19, 2005, p. 4.

Figure 1: RSAT Grant History to Indiana Department of Correction





testing of DOC parolees indicates an approximate 31% positive rate”). In addition, other general estimates were provided regarding the relationship between offenders and substance abuse (e.g., “a conservative estimate. . . indicates substance abuse is a direct causative factor in up to 50% of committing offenses”). However, no sources of these numbers are noted in the RSAT application.

Project goals are not specified in either the 02-RT-001 or 03-RT-001 grant applications. In both applications, however, three objectives are listed, along with program activities attached to each objective:

1. Maintain a 180 bed TC at the newly opened New Castle Correctional Facility
  - a. Keep all 180 beds full and maintain a waiting list
  - b. Have 140 offenders complete the program per year
  - c. Holistic programming with an emphasis on criminal thinking patterns
  - d. Provide transitional programming to 100% of offenders who complete the program
2. Maintain a 194 bed TC at Westville Correctional Facility
  - a. Keep all 194 beds full and maintain a waiting list
  - b. Have 150 offenders complete the program per year
  - c. Holistic programming with an emphasis on criminal thinking patterns
  - d. Provide transitional programming to 100% of offenders who complete the program
3. Maintain strong linkages with services in the community for offenders who have been released from the TC
  - a. 100% of participants will receive release/recovery plans
  - b. 100% of participants will have release/recovery plans forwarded to Parole District
  - c. 100% of participants released to PD will receive a baseline drug test

#### *Linkage of problem statement/objectives to program activities*

The problems to be addressed by IDOC through the RSAT TC programs included the prevalence of substance abuse problems among offenders and the corresponding demand for quality substance abuse services. The influence of substance abuse on criminality was also acknowledged. Considering these problems, program activities described by IDOC seemed appropriate for mitigating and reducing them. For instance, IDOC addressed the demand for substance abuse treatment by stating its intent to operate at full capacity. The provision of transitional programming and creation of release/recovery plans for TC participants, as well as the coordination with Parole Substance Abuse Counselors also appeared appropriate for reducing positive post-release drug tests, improving treatment, and reducing recidivism.

Further, the activities described seem likely to have a positive impact on addressing participants’ substance abuse problems and their corresponding criminal behavior. The provision of release/recovery plans, transitional programming, and coordination with the Parole Substance Abuse Counselors are arguably necessary extensions of the in-prison treatment that will increase the likelihood of positive post-release outcomes.<sup>11</sup>

Although there were obvious connections between identified problems and program activities, the activities themselves were not described in any detail. The “provision of holistic programming [with] a strong emphasis on criminal thinking patterns and the provision of transitional programming” does not adequately describe discrete activities that take place within the program. The number of beds maintained

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<sup>11</sup> Based on inquiries to the Indianapolis office of the IDOC Parole Services Division, the “release-recovery plans” are being produced for offenders released from IDOC. However, the graduates of RSAT are not ‘flagged’ or identified so that they could be differentiated from offenders who participated in other non-RSAT treatment programs.



is a descriptor of the program rather than an activity. In addition, the IDOC RSAT application does not specify how post-release drug screens and criminal history checks are to be obtained and analyzed, even though successfully addressing the problems set out in its application clearly requires a rigorous and systematic post-release review of drug use and criminal recidivism.

### *Measurements and performance metrics*

For IDOC grants 02-RT-001 and 03-RT-001, annual reports by The Gateway Foundation were the sole source of RSAT performance measures, provided by separate reports produced for the New Castle and Westville RSAT TC programs. These reports compiled data and performance narratives for calendar year 2004 and the first six months of 2005.<sup>12</sup> Gateway reported about one-half of the RSAT performance metrics required by the BJA. As noted below, no data on aftercare or recidivism regarding drug use or criminal activity were provided, leaving the reports partly inconsistent with BJA's preferred metric reporting system. The Gateway reports provided the following measures:

#### New Castle and Westville:

1. Beds added or supported with RSAT grant funds
2. Beds enhanced with RSAT funds
3. Number of males, females, juveniles, and adult offenders admitted
4. Number of offenders completing the program
5. Average length of stay (in days)
6. Number of offenders that dropped out
7. Number of offenders who were terminated
8. Discharge statistics by type of discharge

#### Westville: (in addition to the above)

1. Number of offenders who completed the residential program who remained drug-free during the program
2. Number of offenders who completed the program who have remained arrest-free during the residential program

No figures regarding aftercare, drug-free success after release, criminal recidivism, or cost were offered in the Gateway reports. Beyond the Gateway annual reports, IDOC provided no additional data regarding performance of the RSAT TC programs.

Table 3 provides an overview of 2004 outputs Gateway reported, organized by the two facilities housing the TCs.<sup>13</sup> Based on these reported figures, both TCs run at nearly full capacity, although the ebb and flow of offenders admitted to the program versus those discharged before completion during the course of a year suggest that both facilities operated at something less than 100 percent capacity. Comparing the total offenders admitted to the number who complete the program generates a success rate of 74 percent for New Castle and 64 percent for Westville. However, the Gateway statistics do not completely account for the numbers of offenders who enter but do not successfully complete the TCs at each facility. A total of 59 New Castle and 97 Westville offenders entered but did not complete the programs, although the discharge data in Table 3 explain only 42 and 88 discharges, respectively. Average length of stay for offenders who successfully completed the program at New Castle (257 days) was more than 100 days less than those successfully completing Westville's program (368 days). Insofar as no additional data are provided

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<sup>12</sup> Because calendar year 2005 is incomplete, the focus here is on the 2004 metrics.

<sup>13</sup> For 2005, the 03-RT-001 subgrantee file contained incomplete reports. The Gateway Foundation apparently submitted only one semi-annual report (through June 30, 2005). No other reports were in the subgrantee file.



describing the substance abuse etiology of new admissions and discharges, it is difficult to determine what these differences mean in substantive and programmatic terms.

**Table 3: Metrics reported by The Gateway Foundation for IDOC facilities, 2004**

Metrics	New Castle (180 beds)		Westville (194 beds)	
	FY 2004	Since start of project	FY 2004	Since start of project
Treatment beds added or supported with RSAT grant funds	0	184	194	194
Total number of male offenders admitted to the grant-funded treatment program	226	497	270	1954
Total number of adult offenders admitted to the grant-funded treatment program	226	497	270	1954
Total number of offenders successfully completing the residential program	167	220	173	804
Average length of stay in the residential program, for those completing the program (in days)	257	261	368	
Total number of offenders that dropped out of the program	21	28	27	104
Total number of offenders terminated from the program	18	33	78	478
Of the offenders that completed the program, the percentage that remained drug-free during the residential program			173	804
Of the offenders that completed the program, the percentage that remained arrest-free during the residential program			173	804
<b>Education (number completed)</b>				
GED				37
Vocational training (computer class)				26
<b>Discharges</b>				
	1/1/04- 12/31/04		Time period unspecified	
Voluntary removal	21		27	
Lack of participation	1		19	
Negative behavior	18		34	
Using during TX	0		0	
Non-compliance with TX	1		2	
Inappropriate placement	1		6	

### *Fiscal performance*

Because IDOC was relying on The Gateway Foundation to produce RSAT TCs at New Castle and Westville, in both cases proposed budgets were dominated by the contractual services category of expenditures, which comprised 94 percent of both years' proposed federal funds.<sup>14</sup> Table 4 reports the 2004 proposed budget for each of the TCs and the actual combined expenditures for both TCs.

Expenditures are consistent with program activities. The majority of the activities pertain to maintaining the TCs and their components (i.e., holistic and transitional programming), and 96 percent of expenditures (\$1,332,534 of \$1,391,027) paid for contractual services. This focus on contractual services will change during 2006-07 because IDOC has taken over production of RSAT TC services.

<sup>14</sup> The 2005 grant (03-RT-001) was ultimately amended to shift funds to reflect the IDOC taking over production of the therapeutic communities, and moving the New Castle TC to Branchville.

Table 4: IDOC RSAT proposed and actual budget (02-RT-001), 2004

Category	New Castle			Westville			Combined		
	Federal Funds	Cash Match	Total	Federal Funds	Cash Match	Total	Grand total	Actual expenditures	Percent expended
Personnel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Contractual	\$468,000	\$156,000	\$624,000	\$540,750	\$180,250	\$721,000	\$1,345,000	\$1,332,535	99.1%
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Equipment	\$30,000	\$10,000	\$40,000	\$30,000	\$10,000	\$40,000	\$80,000	\$58,492	73.1%
Operating Expenses	\$4,500	\$1,500	\$6,000	\$4,972	\$1,657	\$6,629	\$12,629	\$0	0.0%
Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Confidential Funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total	\$502,500	\$167,500	\$670,000	\$575,722	\$191,907	\$767,629	\$1,437,629	\$1,391,027	96.8%



The 2005 IDOC RSAT grant (03-RT-001) budget is shown in Table 5, but IDOC did not separate actual expenditures between New Castle and Westville. Unlike the 2004 grant, for which 97 percent of the approved budget was expended, IDOC spent approximately 72 percent of authorized funds during the 2005 operating period. A primary reason for this was probably the shift from an outside contractor (Gateway Foundation) to IDOC-provided TCs at the two facilities.

Regarding this shift, a very different cost structure should emerge in 2006-07 for the IDOC RSAT program. The anticipated structure was described by IDOC contract amendments to 03-RT-001, which noted:

The Department of Correction can serve the same number of offenders in two therapeutic communities for half the cost of the current budget that is being spent by the contracting company. IDOC wants to be able to maintain the number of offenders that are being treated for substance abuse problems within a residential setting with the knowledge that federal funds are decreasing. By providing the treatment in house we are able to maintain the number of offenders that are being treated for substance abuse problems within a residential setting.

The only way to discover if this new cost structure is achieved is to look closely at the final operating expenditures and the RSAT performance metrics required by the BJA. Per capita costs to supply TCs can be calculated from the financial and performance data sets.

**Table 5: IDOC RSAT proposed and actual budget (03-RT-001), 2005**

Category	Approved budget	Total expenditures	Percent expended
Personnel	\$0	\$0	
Contractual	\$1,150,000	\$827,611	72.0%
Travel	\$0	\$0	
Equipment	\$0	\$0	
Operating expenses	\$0	\$0	
Confidential funds	\$0	\$0	
Total	\$1,150,000	\$827,611	72.0%
Federal funds	\$862,500	\$620,708	72.0%
State funds	\$287,500	\$206,903	72.0%
Local match	\$0	\$0	
Total	\$1,150,000	\$827,611	72.0%

#### *Overall assessment: IDOC RSAT grants*

Based on the information reviewed in subgrantee files, the IDOC RSAT program appears generally consistent with BJA guidelines, and its operations appear to be documented in broad terms within subgrantee files. Regarding information in the files, however, some improvements would be helpful to ICJI. The IDOC applications did not list project goals and many of the objectives and activities lacked specific descriptions that would help describe the substance of RSAT program delivery. Further, IDOC mentions in its RSAT applications the “positive effects of the programs based on the initial outcome study” (i.e., “. . . it has reduced recidivism, reduced positive drug testing results, reduced new felonies, and increased successful parole completions”). However, the source of the “initial outcome study” is not identified, nor any reports from it provided. As a result, the problem statement lacks solid empirical documentation of the substance abuse problems faced by IDOC inmates.



Related to this deficiency, IDOC has established the Substance Abuse Management System (SAMS), which provides a variety of details about the substance abuse histories and profiles of IDOC offenders. As this system matures, some of its data will prove valuable in preparing problem statements and subsequent RSAT applications.

At least one factor that plays a part in what RSAT subgrantees provide in their initial grant request is the content and flow of the application package. For RSAT grants, ICJI used grant application forms based on Edward Byrne Memorial State and Local Law Enforcement Formula Grant funds. Thus, a Byrne application is used for a non-Byrne program, RSAT. It might make sense to modify the Byrne application to fit more precisely within the BJA operating requirements for prison-based RSAT programs.

Based on the contractor's reports from each of the TCs, several metrics were collected in accordance with the BJA evaluation metrics. Yet many of the metrics necessary for assessments of program effectiveness and efficiency are absent. These include average cost of the program per offender, percentage of offenders who have remained drug-free, and percentage of offenders who have remained arrest-free following aftercare or during residential treatment—all of which are required BJA metrics. The development of some of these metrics must depend on establishing RSAT post-release linkages between IDOC TCs and Parole Services and county probation offices. The linkage between IDOC RSAT programs and the IDOC Parole Services division is important because Parole Services is the likely source of data on post-treatment drug testing, since the Parole Services district offices administer drug screens for parolees. However, some offenders will be released on probation, not parole, and would therefore face drug screens administered by the county probation authority, potentially requiring collection of probationer drug screens from some or all of Indiana's 92 counties. For those offenders who graduate from RSAT TCs, but are released without probation or parole requirements, questions about their post-release drug relapse and criminal recidivism will likely remain unanswered.

In terms of the financial reports, there is much information that would be useful in assessing the program, but is not collected. For instance, only one final financial report was provided by IDOC rather than a separate report for each of the TCs. Determining each TC's total project expenditures is difficult. In addition, the contractor's budget is not provided, making it hard to assess how funds were used by the contractor. Rather, these funds are aggregated into the contractual services category and reported in the DOC financial reports. For the upcoming 2006-07 period, expenditures will shift primarily to internal IDOC personnel, and might not be any easier to differentiate, unless individual IDOC staff and operational units (e.g., substance abuse counselors and administrative personnel) are tied to specific TC facilities.

#### *Recommendations for IDOC RSAT grants*

1. Consider designing an application form geared specifically to the RSAT program, in compliance with BJA specifications.
2. Regardless of the application form, ensure completion of all parts of the grant application, including problem statements, the project goals, and better detail describing project objectives and activities.
3. Regarding problem statements, require empirical documentation of problems, as well as sources of any empirical data presented as evidence of the problem. To this end, IDOC should be encouraged to use empirical information contained within its SAMS data to demonstrate the need for RSAT services.
4. Completion of all parts of the performance metrics should be required, including the recidivism and average costs metrics, so effectiveness assessments can be conducted.





5. To the extent outside contractors are used, require the inclusion of the contractor's budget so efficiency assessments can be conducted.
6. Ensure that IDOC properly submits final financial reports for all projects funded by the RSAT grant.
7. The shift from outside contractor to IDOC-produced TC services should be examined closely to assure that quality of services is maintained. Databases describing outputs (successful graduates of TCs) and outcomes (lower recidivism among RSAT TC graduates) should be maintained by IDOC substance abuse treatment staff and used to examine performance of RSAT grant programs.
8. Some thought should be directed at using existing data to approximately measure the outputs and outcomes of RSAT TC services. The SAMS database could be used to compile substance abuse profiles of incoming inmates, and to then track the performance of substance abuse treatment programs. For instance, if SAMS contains post-treatment drug screen results, it can be used to monitor overall treatment system performance. In addition, ICJI should urge IDOC to consider ways it can collect probation office drug screen results for RSAT graduates.

## RSAT Grants to Other Agencies

Two other RSAT grants are examined here—one to the Warren County Sheriff's Department for \$43,844 (03-RT-002) and one to Marion County Community Corrections (MCCC) for \$35,820 (03-RT-003). Both grants covered the period January 1, 2005, to December 31, 2005. Both were first-time RSAT awards to the subgrantees. The Warren County program spent nearly all its award, but the MCCC subgrantee file for 03-RT-003 reported no expenditures from the grant award during calendar year 2005.<sup>15</sup>

### Program description

For calendar year 2005, both programs were to provide Life Effectiveness Training (LET) services to their respective county jail inmates. The LET program involves behavioral modification, role-playing, and 12-step faith-based procedures to help individuals with drug and alcohol abuse problems. LET is also the nonprofit organization that was contracted to provide the Warren County and MCCC RSAT grant services.<sup>16</sup> The Warren County LET program generally involved a weekly session or class of approximately two hours that would offer a variety of activities. A *Rise to the Street* workbook, to be completed by participating inmates, was also involved. The Marion County program was similar, although it was organized into two individual counseling sessions for each participant, one of which was to occur after the inmate's release. It also used the *Rise to the Street* workbook. The workbook is described as follows:

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<sup>15</sup> The MCCC grant 03-RT-003 was carried as an active grant in ICJI control spreadsheets; even though its final financial report shows no expenditures. As discussed later, the MCCC also was awarded Byrne grant 04-DB-025 for \$88,076, which funded LET services similar to those identified in this RSAT grant, effective between April 1, 2005, and March 31, 2006. In contrast to no spending from the RSAT grant, the Byrne-funded LET program had expended approximately 50 percent of budgeted funds in its first three quarters of operation. This Byrne grant's final financial report was not yet included in the subgrantee file. The MCCC Byrne grant for LET is examined later in this report.

<sup>16</sup> The Warren County RSAT application identified Arthur Pratt and Assistants as the contractor, but its budget did not include a line item for contractual services. Pratt is evidently the originator of jail-based LET applications. In October 2005, the LET agency was described by its chief executive officer, Harry B. Anderson, as operating under the auspices of the Indiana Mental Health Division of Addiction Services. See Hollady, Ruth, Emissary spreads word of LET's help for addicts, *Indianapolis Star*, June 5, 2005; Anonymous, The man who helps jailhouse alcoholics, *Indianapolis Star*, June 12, 2005; and Anderson, Harry, LET program helps inmates, *Safety-Net*, Shalom Community Center, October 2005.



The “Rise” program, or “Rise to the Street Recovery Plan,” is an instrument for preparing for release from jail that makes concrete the psychological and physical changes that are necessary to continue on the street the recovery begun during incarceration.

As shown below, there is evidence that both the LET programs in Warren County and Marion County were essentially the same—they involved the same outside contractor (LET) and shared two of three identical objectives and all program activities.<sup>17</sup>

*Problem statement, goals, objectives, and program activities*

Although the LET programs proposed by Warren County and MCCC for these RSAT grants were similar, their problem statements were not. The Warren County application did not provide a particularly cogent statement, nor even mention substance abuse, instead offering a brief commentary on the problem of repeat offending. It read:

By offering the LET classes to incarcerated individuals who want to make positive changes in their life styles so they stop, or do not become repeat offenders. By using the project goal, protect [sic] objectives, and project activities to help support all citizens of this community [sic].

No supporting evidence was provided to define either the problems associated with re-offending or substance abuse. Rather, the problem statement alluded to the problem of recidivism, without connecting it specifically to the problems of substance abuse by arrestees headed for jail. Although the MCCC problem statement focused on substance abuse, it offered little in the way of recent documentation:

The problem is the increase in use of drugs and alcohol, in Marion County Indiana, that results in a massive rate of arrests for driving under the influence, possession of illegal substances, sale of illegal substances and other connected crimes including those committed to obtain the money to support drug addiction.

As this statement suggests, MCCC offered anecdotal evidence to support the claim that a substance abuse problem exists (“massive rate of arrests”, “many former detainees are re-arrested” [mentioned later in the problem statement]). No sources of these anecdotal reports were provided. The MCCC application offered some dated empirical evidence to support this claim: “In 1998 the White House Drug Policy publication “Arrestee Drug Abuse Monitoring Program” reported that 67.1% of those arrested in Indianapolis tested positive for drugs. . . .” Unfortunately, the statistic was eight years old.

For both subgrantees, a single project goal was listed. The Warren County RSAT grant’s goal is “Reduce re-arrests by 25% for two years following release. Saving approximately \$90,000 to the taxpayers” [sic]. The connection between substance abuse and recidivism is conspicuously absent from the project goal. The MCCC RSAT grant offers a similar single goal: “Reduce the rate of re-arrests by 1 to 2% each year, thereby saving taxpayers an additional \$134,000 to \$268,000 each year.” As before, there is no explicit connection between inmate substance abuse problems and subsequent re-arrest activities. However, in both cases, there is an explicit connection between arrests of releasees and the costs borne by taxpayers. But no attempt is made to calculate the actual reduction in re-arrests attributable to operations of the LET program in either Marion or Warren counties.

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<sup>17</sup> The Warren County RSAT program was operationally linked to the provision of LET services at the Monroe County jail, more than 130 miles southeast of the county seat of Warren County, Williamsport. In its final Byrne semi-annual performance report, the Warren County LET facilitators were reportedly providing services in both counties.



Both of these RSAT subgrantees offer three objectives, of which two are identical. One objective of the Warren County LET program is to:

1. Give approximately 12 hours of counseling to 18 people throughout the year 2005 substance abuse.

This differs from the MCCC objective:

1. To give approximately 500 detainees two individual counseling sessions in preparation for, and following up on their release from jail, using the “Rise to the Street” workbook.

Both 03-RT-002 and 03-RT-003 include these two objectives designed to help inmates:

2. Become aware of the real emotions that motivate them by being able to identify and distinguish among the various emotions they may experience
3. Re-examine their relationships with family and friends and to decide which to keep and which would be better to end

These objectives underscore one difference between the two programs (as described in the proposal): the Warren County program will apparently provide more in-class participation for inmates than MCCC, which proposed counseling the inmates twice rather than meeting with them in class-based sessions throughout the year.

The program activities linked to the Warren County and MCCC grants are identical, and include the following:

1. Using the “Rise to the Street” workbook holding private sessions with each detainee as he or she prepares to leave the jail
2. Arrange for contact after release by determining how and when detainee can be contacted after release from jail, for example, through probation office, court, etc.
3. Have second private session with client to follow up on his or her success or lack thereof since release from jail

#### *Linkage of problem statement/objectives to program activities*

Because the Warren County RSAT problem statement does not mention substance abuse, its linkage to the objectives and LET program activities is not immediately obvious. This linkage is more developed in the MCCC application. However, the follow up session with clients as well as the *Rise to the Street* pre-release preparation would likely reduce clients’ tendencies of re-offending—the problem alluded to in both problem statements. On the other hand, an assessment of this potential outcome is difficult to provide because there is no description of the *Rise to the Street* workbook or what the post-release *private session* entails.

The program activities include measures that have been found to be necessary for successful post-release outcomes. Specifically, the post-release contact and follow-up session are consistent with an aftercare treatment element which has been identified as a component of successful treatment.<sup>18</sup> However, the activities are underdeveloped and not properly prefaced in the subgrantee’s problem statement, project description, goals, and objectives.

Program activities, as well as the program description, highlight an important reality of the program. Specifically, these entries indicate the short duration of the program—a condition that has been shown to reduce the probability of favorable outcomes (e.g., no post-release drug arrests or re-offending). One of

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<sup>18</sup> Burdon, W. M., N. P. Messina, & M. L. Prendergast, 2004. The California treatment expansion initiative: aftercare participation, recidivism, and predictors of outcomes. *The Prison Journal*, 84, 61-80.



the factors that distinguishes prison-based TC treatment regimes from other routine substance abuse treatment approaches (in prisons and in jails) is the amount of time spent in treatment—TC participants are in much longer and much more intensive treatment programs.<sup>19</sup> The jail-based RSAT grants examined here are neither long nor intensive. The MCCC application proposes two meetings with offenders; the Warren County program entailed actual classroom or group sessions over the course of the year.<sup>20</sup>

### *Measurements and performance metrics*

Neither of these subgrantees provided systematic performance metrics. The MCCC RSAT offered no measurements (probably because it had no expenditures). In its final progress report (dated February 22, 2006) the Warren County RSAT file provided this information on the number of individuals provided with LET services:

1. Held four weekly LET classes, two for women and two for men for a total of 40 two-hour classes
2. Ten women and twenty-three men attended some or all of these classes
3. Five men and three women attended 12 or more classes
4. Contact was maintained with a woman after release and support group began but ended when the grant year ended
5. In Monroe County, seven men and three women completed 12 classes or more
6. Contact has been maintained with four women and two men since their release

Significantly, Warren County offered no evidence to support a reduction in re-arrests, which was the primary goal stated in its grant application.

### *Fiscal performance*

The MCCC RSAT grant reported no 2005 expenditures. The Warren County RSAT expended all of its grant award. Table 6 compares the proposed budget for the Warren County grant to actual expenditures reported in its final financial report for 2005. Actual expenditures were mostly consistent with proposed expenditures. The Warren County RSAT program spent \$4,975 less than proposed for personnel. These funds were instead spent on travel and operating expenses—neither of which were identified in proposed expenditures.

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<sup>19</sup> See Welsh and Zajac (2004, p. 119).

<sup>20</sup> As noted earlier, the MCCC RSAT grant reported no 2005 expenditures. Meanwhile, the MCCC was expending funds from the Byrne award (04-DB-025, see Byrne Grants section below), and its description of program activities for that grant included regular classes/sessions for program participants, beyond the pre-release and post-release meetings to discuss the Rise to the Streets workbook completion. As of May 2006, the supply of this program was shifted to Fairbanks, a nonprofit organization focused on recovery from alcohol and other drug problems



**Table 6: Warren County RSAT proposed and actual budget (03-RT-002), 2004**

Category	Approved budget	Total expenditures	Percent expended
Personnel	\$58,459	\$53,484	91.5%
Contractual	\$0	\$0	
Travel	\$0	\$2,424.00	
Equipment	\$0		
Operating expenses	\$0	\$2,551.00	
Construction	\$0	\$0	
Confidential funds	\$0	\$0	
Total	\$58,459	\$58,459	100%
Federal funds	\$43,844	\$43,844	100%
State funds	\$0	\$0	
Local match	\$14,615	\$14,615	100%
Total	\$58,459	\$58,459	100%

*Overall assessment: RSAT grants to other agencies*

The Warren County RSAT program does not appear to fully comply with BJA guidelines. To begin, there is little indication that federal RSAT grant requirements such as program length, focus on inmates' substance abuse problems, and being a science-based program are fully satisfied. It is not clear that every effort is made to "separate RSAT [or, in this case, LET] participants from the general correctional population" as required by the BJA. In addition, the problem statement and project description are unclear and underdeveloped, making it difficult to determine the relationships between these and project goals, objectives, and activities. It is also evident that directions for answering the problem statement and project description sections of the application were not followed. Various performance and financial reports were not included in the subgrantee files. In large part, the quality and quantity of information provided by the subgrantee was insufficient for understanding the nature and operations of the program.

The MCCC RSAT program does not appear to have been implemented, or its costs were covered by other sources of funds.

*Recommendations for RSAT grants to other agencies*

1. A more thoughtful and detailed account of the problem being addressed should be required. The Warren County program must either revise its primary goal of reducing re-arrests, or provide some evidence that its LET program has an effect on re-arrests.
2. The subgrantees should provide a narrative description of the project that is consistent with the instructions.
3. The subgrantees should be urged to develop more appropriate goals, objectives, and activities that focus on substance abuse (substance abuse is mentioned in only one objective and is absent from project goals and activities).
4. As with IDOC RSAT grants, subgrantees here are completing Byrne grant applications for non-Byrne funds. Some thought could be directed into designing application forms designed specifically for RSAT programs.
5. Warren County offered an extremely limited set of performance metrics, none of which dealt with the actual outcomes sought by the grant. Most significantly, the performance reporting included in the Warren County subgrantee file does not adequately satisfy the minimum performance



metrics required by the BJA for RSAT programs. Any further awards to Warren County should require better performance measures.

## Byrne Grants for Substance Abuse Treatment

Four Byrne grants were awarded by ICJI in 2003–06 for purposes of treating substance abuse. Three went to IDOC and one to MCCC. This was in accordance with selected objectives of the Byrne grant program. The Anti-Drug Abuse Act of 1988 (Public Law 100–690) created the Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program. This program provides funds “to states for use by states and units of local government to improve the functioning of the criminal justice system—with emphasis on violent crime and serious offenders—and enforce state and local laws that establish offenses similar to those in the federal Controlled Substances Act (21 U.S.C. 802(6) et seq.).”<sup>21</sup>

At the time these grants were awarded, the state of Indiana reported 11 special priority areas within the broader category of Byrne grants. The Byrne grants examined here fell largely within Indiana state priorities one and seven:

[1] Focusing on substance abuse problem identification, prevention and intervention, with an emphasis on community-based approaches and program...[7] Supporting correctional and transition programs to increase the odds that offenders will successfully move from unlawful to lawful lifestyles.<sup>22</sup>

In addition, the Byrne grants awarded to IDOC, based on its use of grant proceeds, were consistent with state priority eight: “improving criminal and juvenile information systems and technology.”<sup>23</sup> This is because IDOC used some Byrne funds to purchase computer equipment for Parole Services personnel and to enhance the IDOC SAMS database.

### IDOC Byrne Grants for Substance Abuse Treatment Infrastructure and Best Practices

This section assesses three Byrne grants awarded to IDOC for substance abuse treatment services (02-DB-024, 03-DB-022, and 04-DB-016), which totaled \$3.15 million during the three-year period (April 1, 2003, to March 31, 2006, now extended to June 30, 2006). The titles of these grants—Infrastructure/Best Practices (IBP)—were indicative of a variety of substance abuse treatment support services developed with the funds.

#### Program description

The IDOC proposed to use IBP grants to strengthen its supply of substance abuse treatment services within prison facilities as well as aftercare for released offenders. The program description was summarized as follows:

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<sup>21</sup> Bureau of Justice Assistance. Retrieved May, 11, 2006., from <http://www.ojp.usdoj.gov/BJA/grant/rsat.html>

<sup>22</sup> Extracted from *ICJI Grant Application Form, Edward Byrne Memorial State and Local Law Enforcement Formula Grant Funds*, pp. 6–7. January 2003.

<sup>23</sup> *Ibid.*, p. 8.



The department proposes to utilize one year of funding with the primary focus of continuing to build needed infrastructure and continue its focus on utilizing research based/best practices approaches to providing substance abuse treatment services. Particular emphasis with this project will be to increase the effectiveness of treatment approaches and aftercare/relapse prevention services for substance abuse offenders who are re-entering the community.

This same description was used in each of the three IDOC IBP grant applications. Funds were proposed to purchase a variety of consulting and contractual services, personnel, training, equipment, development of the IDOC substance abuse management system (SAMS), day reporting services in selected parole districts, and community-based sanctions and services in several state parole districts.

*Problem statement, goals, objectives, and program activities*

The problem statements for these Byrne IBP grants were identical, and were drawn from the problem statement used for IDOC RSAT grants (see page 11 above), which discussed the substance abuse problems among a substantial segment of the IDOC inmate population. Each year's Byrne IBP grant contained a single, identical project goal linked to IDOC's substance abuse treatment system:

Improve substance abuse treatment services for both incarcerated and paroled offenders to increase their successful re-integration into the community by reducing relapse and recidivism.

This goal was supported by three objectives, which were also identical across the three grants (except that the 2004 and 2005 grants were to continue and maintain each objective):

1. Development and utilization of best practices/research based substance abuse treatment approaches, including improved case management for both incarcerated and paroled offenders. 100% of DOC SA programs will utilize curriculum as developed on an ongoing basis.
2. Improve/increase utilization of community based aftercare/re-entry services for offenders who are released from incarceration.
3. Utilization of technology to improve case management, maximize SA staff's productivity and ensure appropriate transfer of information between facilities, as well as between facility and parole. Ensure the ability to conduct outcome research is available.

A slightly different mix of program activities was pursued each year. Table 7 describes the various program activities, and shows how they are linked to the three objectives. In sum, IDOC would purchase training and substance abuse interviewing screen services from the Texas Christian University Institute for Behavioral Research, improvements to IDOC's SAMS database, administrative staff to ensure implementation of substance abuse treatment best practices, improved technology for parole districts, contractual beds to house parole technical rule violators, and other services. Interviews with IDOC staff indicated the various services acquired under the Byrne grants were designed to support the statewide delivery of substance abuse treatment services to incarcerated and released offenders.<sup>24</sup>

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<sup>24</sup> Williams, *op.cit.*, April 28, 2006. Interview with Kathy Lisby, Planning and Research Director, IDOC, April 12, 2006.

**Table 7: IDOC program activities and objectives, Byrne IBP grants 2003-06**

02-DB-024	03-DB-022	04-DB-016
Objective 1: Development and utilization of best practices/research based substance abuse treatment approaches, including improved case management for both incarcerated and paroled offenders. 100% of DOC SA programs will utilize curriculum as developed on an ongoing basis		
<ol style="list-style-type: none"> <li>1. Create a central office (CO) position that is 100% focused on QA/research based best practices approaches (9/1/03).</li> <li>2. Utilize expert trainees from TCU to train 100% of DOC SA staff on utilization and implementation of TCU research based SA assessment and treatment material (includes training 8 DOC staff as trainers) (9/30/03).</li> <li>3. Implement TCU research based assessment tools and treatment curriculum in 100% of DOC SA programs using public domain material (12/30/03).</li> <li>4. Support the department's efforts with case/management to ensure as many offenders as possible receive needed rehabilitation services in conjunction with substance abuse treatment (12/30/03)</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain a CO position that is 100% focused on QA/research based best practices approaches (9/1/03).</li> <li>2. Continue to utilize expert trainees from TCU to train DOC SA staff on utilization and implementation of TCU research based SA assessment and treatment material (includes training 8 DOC staff as trainers) (3/31/05).</li> <li>3. Continue to implement TCU research based best practices assessment and treatment curriculum in 100% of DOC SA programs using public domain material (3/31/05).</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain a CO position that is 100% focused on QA/research based best practices approaches (ongoing).</li> <li>2. Audit all facility SA programs to ensure best practices curriculum is being fully utilized (3/31/2006).</li> <li>3. Implement outcome study of facility SA program utilizing resources from an Indiana based University (3/31/2006).</li> </ol>
Objective 2: Improve/increase utilization of community based aftercare/re-entry services for offenders who are released from incarceration		
<ol style="list-style-type: none"> <li>1. Create and staff a central office (CO) position with 100% of time focused on aftercare and re-entry services for offenders who have received in-facility treatment, and high risk relapsing parolees (9/1/03).</li> <li>2. Increase the availability of aftercare and relapse prevention services for offenders who are re-entering the community (7/1/03).</li> <li>3. Providing day reporting services in Evansville Parole District, which currently has a high demand for such services, to support a reduction in recidivism (4/1/03)</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain CO position with 100% of time focused on aftercare and re-entry services for offenders who have received in-facility treatment, and high risk relapsing parolees (ongoing).</li> <li>2. Maintain the availability of aftercare and relapse prevention services for offenders who are re-entering the community (ongoing).</li> <li>3. Provide day reporting services in Evansville Parole District, which currently has a high demand for such services, to support a reduction in recidivism (ongoing).</li> <li>4. Obtain and maintain approximately 30 beds for parole technical rule violators in Marion County (ongoing).</li> <li>5. Have an independent evaluation conducted on the effectiveness of the TRV component (ongoing)</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain CO position with 100% of time focused on aftercare and re-entry services for offenders who have received in-facility treatment, and high risk relapsing parolees (ongoing).</li> <li>2. Increase the availability of aftercare and relapse prevention services for offenders who are re-entering the community (ongoing).</li> <li>3. Continue providing day reporting services in Evansville Parole District, which currently has a high demand for such services, to support a reduction in recidivism (ongoing).</li> <li>4. Maintain approximately 30 beds for parole technical rule violators in Marion County (ongoing).</li> <li>5. Expand the availability of community based intermediate sanctions and services in Indianapolis, Gary and Ft. Wayne Parole District (ongoing)</li> </ol>



**Table 7: IDOC program activities and objectives, Byrne IBP grants 2003-06 (continued)**

02-DB-024	03-DB-022	04-DB-016
Objective 3: Utilization of technology to improve case management, maximize SA staff's productivity and insure appropriate transfer of information between facilities, as well as between facility and parole. Ensure the ability to conduct outcome research is available		
<ol style="list-style-type: none"> <li>1. Upgrade SAMS to increase substance abuse counselor productivity and to improve communication of treatment information between facilities and parole (12/30/03).</li> <li>2. Upgrade computers of 100% substance abuse counselors to ensure they adequately function utilizing the SAMS, therefore maximizing staff productivity and interdepartmental communication of treatment information (9/1/03).</li> <li>3. Support efforts to utilize technology to improve case/management, and ensure offenders receive appropriate services in addition to substance abuse treatment (3/30/03).</li> <li>4. Ensure that the upgrade of the SAMS is capable of supporting outcome studies to document improvement in both program and offender outcomes (12/30/03)</li> </ol>	<ol style="list-style-type: none"> <li>1. Continue some upgrades to SAMS to continue to improve communication and treatment information between facilities and parole (ongoing).</li> <li>2. Add the TCU intake into SAMS to replace the current narrative psychosocial assessment (4/1/2005).</li> <li>3. Utilize technology to efficiently use the TCU testing tools to facilitate management of several thousands tests per year (4/1/2005).</li> <li>4. Include the technical capability to transfer testing information to TCU to aid in program evaluation and evaluation into best practices approach (4/1/2005).</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain enhancements to SAMS (ongoing).</li> <li>2. Utilize SAMS as a resource to provide information for outcome studies (ongoing).</li> </ol>



### *Linkage of problem statement/objectives to program activities*

The IDOC presented a strong linkage among the goals, objectives, and program activities proposed in the IBP grants. The Byrne IBP grant problem statements emphasized the prevalence of substance abuse, particularly among IDOC offenders. The subgrantee listed steps taken previously to address the substance abuse problem, such as expanding substance abuse services and increasing urinalysis testing in the IDOC. With this in mind, the goal of improving substance abuse services made obvious sense. The objectives were consistent with the program goal and the activities were linked with the program objectives—activities focused on implementing best practices in substance abuse treatment, aftercare support, and using technology and information sharing to improve IDOC substance abuse staff's productivity. Following these objectives, the activities for the most part focused on the actions needed to improve IDOC's substance abuse treatment services.<sup>25</sup>

### *Measurements and performance metrics*

No metrics were proposed by the subgrantee in its 2003–05 applications, and there is only limited evidence presented showing how many of its proposed program activities were fully accomplished. During 2004–05, the IDOC IBP grant file included a semi-annual progress report. In it, the subgrantee lists the project activity and the outcome of that activity (i.e., whether it was completed/achieved). For example, with regards to activity 1 under Objective 2 (see Table 7)—maintain a central office position that is 100 percent focused on QA research based best practice approaches—the “outcome” noted is, “this position has been filled and is fully operational.”

The last semi-annual progress report for IBP grants is as of September 30, 2005, for the 2005–06 grant (04-DB-016). It reported the Evansville day reporting program was fully operational, and that the Marion County TRV bed program (Liberty Hall) was operating at close to full capacity (28 of 30 beds). However, more generally, the status of each of the program activities is not immediately clear. It does appear that IDOC successfully utilized the best practices training and research supplied by Texas Christian University during the first two years of the IBP program. From this, various improvements and enhancements to SAMS were evidently implemented. Program activities were completed, but the subgrantee does not do a particularly effective job of documenting it.

Changes have occurred in the overall program design of the 2005–06 IBP grant (04-DB-016, ongoing through 6-30-2006), although they have not been documented in the subgrantee file. Since 2004, a significant component of the IBP grant was the use of Liberty Hall (a nonprofit correctional institution) in Indianapolis to provide 30 beds for parolees who engage in technical rule violations (TRV). Beginning late 2005, IDOC instructed Liberty Hall to close the TRV beds and convert them to work-release beds.<sup>26</sup> As of May 2005, the IBP grant might have been paying for work-release rather than TRV beds, as proposed.

### *Fiscal performance*

Table 8 compares the approved budgets to actual expenditures for the three Byrne IBP grants spanning 2003–2006. Focusing on current fiscal performance, through three-quarters of the budget year, IDOC expenditures in the 2005–06 Byrne IBP grant amounted to \$266,510—only 22 percent of total budgeted cost. Regarding the federal share, about \$200,000 of the \$900,000 Byrne award was expended. This is a slow burn rate, and could possibly lead to eventual federal rescission and recapture of previously awarded

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<sup>25</sup> It should be noted that the Byrne IBP grants to IDOC appear to be at least partially coordinated with the agency's RSAT grants. In particular, use of the SAMS database to help assess the impact of IDOC substance abuse programs would be a crossover benefit from the IBP grants to current RSAT facilities.

<sup>26</sup> Telephone conversation with Michelle Ryder, Executive Director, Liberty Hall, June 1, 2006.



Byrne grant funds (now Justice Assistance Grants). The IDOC burn rate was 52 percent in 2003-04 but 97 percent in 2004-05.

**Table 8: IDOC Byrne IBP grants budgeted versus actual expenditures, 2003-06**

Grant/Budget category	Approved budget	Total expenditures	Balance	Percent expended
<b>02-DB-024, 2003-04</b>				
Personnel	\$94,200	\$61,947	\$32,253	65.8%
Contractual	\$835,000	\$433,663	\$401,337	51.9%
Travel	\$120,000	\$26,196	\$93,804	21.8%
Equipment	\$375,800	\$254,766	\$121,034	67.8%
Operating Expenses	\$75,000	\$9,215	\$65,785	12.3%
Total	\$1,500,000	\$785,786	\$714,214	52.4%
Federal Funds	\$1,125,000	\$589,340	\$535,660	52.4%
State Funds	\$375,000	\$196,447	\$178,553	52.4%
Total	\$1,500,000	\$785,786	\$714,214	52.4%
<b>03-DB-022, 2004-05</b>				
Personnel	\$130,700	\$134,990	(\$4,290)	103.3%
Contractual	\$1,127,000	\$1,155,147	(\$28,147)	102.5%
Travel	\$60,000	\$14,581	\$45,419	24.3%
Equipment	\$137,300	\$108,015	\$29,285	78.7%
Operating Expenses	\$45,000	\$46,014	(\$1,014)	102.3%
Total	\$1,500,000	\$1,458,747	\$41,253	97.2%
Federal Funds	\$1,125,000	\$1,094,060	\$30,940	97.2%
State Funds	\$375,000	\$364,687	\$10,313	97.2%
Total	\$1,500,000	\$1,458,747	\$41,253	97.2%
<b>04-DB-016, 2005-06</b>				
Personnel	\$111,500	\$90,438	\$21,062	81.1%
Contractual	\$1,043,500	\$169,152	\$842,828	16.2%
Travel	\$30,000	\$5,913	\$23,471	19.7%
Equipment	\$7,500	\$0	\$7,500	0.0%
Operating expenses	\$7,500	\$1,008	\$6,425	13.4%
Total	\$1,200,000	\$266,510	\$901,286	22.2%
Federal Funds	\$900,000	\$199,883	\$675,964	22.2%
State Funds	\$300,000	\$66,628	\$225,321	22.2%
Total	\$1,200,000	\$266,510	\$901,286	22.2%

Note: Line item categories with no budgeted or actual expenditures are deleted (e.g., "confidential funds"). 'Unpaid obligations' are not shown. After three operating quarters in 2005-06, unpaid obligations were \$32,204

Expenditures for 2005-06 are therefore inconsistent with the proposed budget. Some of this is likely due to changing the provision of Marion County TRV beds in favor of providing a work-release facility. Linked to this, several budgetary changes occurred. An amendment in the amount of \$25,731 shifted dollars from contractual services to the personnel category, and another \$21,000 amendment shifted dollars from contractual services to the travel category.

Additional substantive changes to 04-DB-016 were detailed in a grant amendment between ICJI and IDOC, finalized January 6, 2006. Within the contractual category, \$154,692 was shifted from the line



item TRV contractual beds and \$200,000 from the line item Day Reporting/Intermediate sanctions to various other contractual services. The primary changes included the following:

1. \$93,692 for aftercare for treatment (community aftercare programs)
2. \$70,000 for Pace Project for re-entry (employment assistance for released offenders)
3. \$60,000 for SOMM technology to improve re-entry (case management for incarcerated sex offenders)
4. \$50,000 for Choices and the Wrap training (a “wellness recovery assistance program” to help offenders identify relapse signs and symptoms)
5. \$60,000 for website for re-entry (documenting support services available to released offenders in Indiana counties)
6. \$21,000 for the aforementioned shift from the contractual services category to the travel category (training for substance abuse counselors)

These changes reflect the change in administration and shift in focus to “re-entry, community connections and substance abuse treatment for people that are being released from prison.”<sup>27</sup> More importantly, these changes modify the basic program activities undertaken within this grant. As a result, the grant objectives and program activities should be properly amended to reflect the changing composition of IDOC IBP services. However, the 2005–06 grant period is about to end. Therefore, the 2006–07 IBP grant application should have a different mix of program activities to reflect these changes.

#### *Overall assessment: IDOC Byrne IBP grants*

The IDOC Byrne IBP grants appear to be funding fairly solid programs in support of IDOC’s broader mission to deliver substance abuse treatment services within the Indiana state correctional system. In their initial two years, the IBP grants provided funds for various substance abuse interview screens, databases, best practices research, and training from the TCU Institute of Behavioral Research. The SAMS database was strengthened, and day reporting services in the Evansville parole district were implemented. The last two grant years (2004–06) provided funds to support a 30-bed TRV facility supplied by Liberty Hall, although Liberty Hall’s executive director reported that these beds have now been converted for use in a work-release facility. The IDOC progress reports noted that the Liberty Hall facility had kept 28 of the 30 beds full, so it is an open question regarding what happens to TRV offenders now that the Liberty Hall beds are designated for work-release.

Because IDOC subgrantee files do not include a complete set of progress reports, it is not entirely clear to what extent the Byrne IBP grants have actually improved aftercare services. This is a serious shortcoming, given that aftercare services was a major goal within these IDOC Byrne grants. The subgrantee should be required to produce metrics that describe the impact of aftercare on the client population in a more precise manner.

#### *Recommendations for Byrne substance abuse treatment grants*

1. ICJI should require better measures of relapse and recidivism, including clear identification of which agencies are responsible for collecting and analyzing post-release drug and crime involvement. The details associated with aftercare components funded by the Byrne IBP grants need more elaboration.

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<sup>27</sup> IDOC, Grant amendment request to ICJI, December 12, 2005, 04-DB-016.



2. Regarding post-release measurement of recidivism, grants to the Parole Services Division of IDOC could be used to implement post-release information collection regarding drug and crime screens for parolees and probationers. Better coordination between IDOC substance abuse treatment centers and parole offices might be achieved
3. The 2006–07 IDOC JAG grant in support of IBP should reflect changing program priorities, goals, and objectives. The TRV facility is no longer supported, so there is a question of what happens now to offenders who violate the substance use conditions of their paroles.
4. IDOC needs to provide a more systematic reporting on progress in implementing program activities, as well as proposing the appropriate metrics to assess the outcomes of the IBP investments.
5. There appears to be a need to improve the *burn rate* of approved expenditures—IDOC use of budgeted resources is sometimes erratic, and might result in the reduction of federal funding. This is especially important due to the anticipated continuing reduction in the total amount of JAG funds likely to be allocated to Indiana in the future.

## Byrne Substance Abuse Grant to MCCC

### Program description

The Marion County Life Effectiveness Training (LET) program began January 2005. This Byrne grant (04-DB-025) was awarded for the period April 1, 2005, to March 31, 2006, for \$88,076.<sup>28</sup> The program description is summarized in the award as the following:

The curriculum for LET was developed from the Theory of Transactional Analysis and has been updated over the years by the addition of Rational Emotive Behavior Therapy and other Cognitive-behavioral approaches. A series of classes are offered by LET staff, at least half of whom must be drug/alcohol counselors licensed by the state of Indiana.

Two programs for men and women made up this project: a 35-day and a 120-day program. Generally, the men's programs were organized into first and second phase groups and the women's programs into a single group. LET classes were held four times a week, 1.5 hours each, for a total of six hours weekly. Participants would receive between five and 17 weeks of services. Services delivered to full participants would therefore range from 30 to 102 hours of classroom-based substance abuse treatment services following the LET curriculum.

### *Problem statement, goals, objectives, and program activities*

The MCCC's problem statement can be summarized as follows:

Without treatment, 75% of those arrested for substance abuse violations are re-arrested within two years of release from jail.

This statement appears to be based on empirical data, although the source of this data was not cited.

Two goals are identified by the subgrantee, one primary and one secondary:

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<sup>28</sup> A RSAT grant in the amount of \$35,820 was also awarded for this MCCC program for the period of January 1, 2005, to December 31, 2005. However, as discussed earlier, the MCCC grant reported no expenditures for 2005.



1. The primary goal of the Life Effectiveness Substance Abuse Treatment program in the Marion County jail is to reduce the re-arrest of offenders and consequently reduce the suffering of addicts and their families, and thereby also add to the community's health.
2. A secondary goal is to reduce the community's tax burden by decreasing the load on the county jail system.

This statement and reference to a tax burden problem are the primary descriptors of the problem to be addressed by the MCCC LET program. From these overall goals, two objectives were provided:

1. Give 204 clients 120 days of substance abuse treatment and crime counseling
2. Give 256 detainees 35 days of treatment while they await sentencing

The MCCC subgrantee file provided a detailed listing of program activities to be undertaken within the LET service delivery system, including:

1. Group psychotherapy, personal counseling, role plays, scriptogram testing, audio-visual materials, and individual goal forms make up group activities. Each group meets six hours weekly; four one and a half hour sessions per week
2. A six page assessment is made on each client, which includes a treatment plan
3. Individual monthly reports show group attendance, progress, and participation
4. A termination report after release summarizes each individual's involvement during the jail program
5. A comprehensive test on addictions is given before and after each client's release
6. A comprehensive test on addictions is given before and after each client completes his or her treatment cycle
7. Program surveys and questionnaires are given to determine client progress and to help in improving the program

Some of these program activities are administrative (e.g., monthly reports on attendance, termination reports) while others are substantive (e.g., group psychotherapy, addictions tests). They do, however, suggest a variety of service delivery mechanisms are supported with the Byrne grant. Significantly, none of the testing or survey items are proposed for use in assessing program performance. As discussed later, if in fact the pre- and post-program tests are administered as proposed, there should be data available to help assess the measurable impact of the LET program on participants.

#### *Linkage of problem statement/objectives to program activities*

There is a reasonably strong connection between MCCC's problem statement and program activities. However, MCCC has changed the mechanism by which substance abuse treatment services are now delivered under this grant. The LET program was moved to Fairbanks, an Indianapolis nonprofit organization specializing in recovery from alcohol and other drug problems, beginning approximately March 2006.<sup>29</sup> According to MCCC staff, LET approached Fairbanks and asked it to assume control of the contract for the remainder of the grant due to LET's inability to provide the program efficiently. Fairbanks agreed to take over the contract and to continue to provide the treatment program after the expiration of

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<sup>29</sup> Telephone conversation, Mark Smith, Deputy Director of Programs, Marion County Community Corrections, May 22, 2006.



the existing contract, although with significant programming and curriculum changes. With this move, LET staff became Fairbanks staff. The subgrantee files contained no information about this transfer, and no grant amendment was filed. Therefore, because the program is no longer supplied by LET as in the original grant, some future site visits to examine the quality of services delivered by Fairbanks might be useful.

### *Measurements and performance metrics*

No systematic metrics were provided by MCCC, although they provided some basic program measures for the first half of the year. A semi-annual progress report (April 1 through September 30, 2005) was provided that included some metrics in narrative form. It offered the following:

1. 284 offenders [the goal was 460 for the year] took part in substance abuse counseling during the first half of the year
2. 17% of those released from the 35 day program were convicted of a new offense
3. 14% of those released from the 120 day program were convicted of a new offense
4. The 120 day program was lower [than the 35 day program] even though there were 63% more releases from that program

The MCCC semi-annual report noted that “often new convictions were for lesser offenses than those when they were in the program.” It also stated that “both totals [35 and 120 day programs] were significantly lower than comparable rates from other programs.” There were no additional explanations for either of these assertions in the report. In addition, despite proposing the use of pre- and post-tests of LET participants in its application, MCCC offered no documentation or data regarding those tests.

No additional metrics were provided, in part because a final semi-annual report was not submitted as of June 2006. However, MCCC discussed measuring recidivism through administering a survey to program participants. This metric would be consistent with the goal of reducing re-arrests, even though recidivism is not discussed in the two objectives listed by MCCC. In the future, performance metrics should include data from the tests given to program participants before and after the program, unless the handover of the LET program to Fairbanks has substantially changed the nature of the program.

### *Fiscal performance*

The MCCC is not expending funds at the rate needed to fully consume the 04-DB-025 grant award. By the third quarter of the 2005-06 operating year, MCCC had expended about 58 percent of its federal Byrne award, but even less (43.8 percent) of total budget. Table 9 compares budgeted to actual expenditures for the first three-quarters of program operation. Barring a major deviation from the previous three quarters—in which expenditures never exceeded \$22,000—there will be a significant balance remaining at the end of the grant period (3-31-06).

### *Overall assessment: MCCC Byrne substance abuse grant*

This MCCC substance abuse treatment program, funded by Byrne money, appears to be a relatively solid operation. The LET program was fully described within the MCCC application and the first semi-annual report provided at least rudimentary metrics describing program activities. Based on its first six months, the MCCC LET program appears to be on schedule to meet or exceed its projected volume of service delivery, 460 clients. At the year’s midpoint, 284 offenders had obtained services. The only progress report submitted by MCCC provided some cursory information about recidivism, which is helpful for assessing program impacts. However, it did not appear that MCCC would spend its entire grant award on the LET program. Furthermore, the nature of the MCCC program changed significantly with the transfer



of program responsibility to another nonprofit vendor. Beginning in February 2006, the LET program was transferred to Fairbanks, so the fundamental structure of service delivery under this grant has probably changed.

**Table 9: Marion County Community Corrections (MCCC) Byrne substance abuse treatment grants, budgeted versus actual expenditures, April 1, 2005 through December 31, 2005**

Category	Approved budget	Total expenditures	Balance	Percent expended
Personnel	\$4,636	\$2,759	\$1,877	59.5%
Contractual	\$112,799	\$48,673	\$64,126	43.1%
Total	\$117,435	\$51,432	\$66,003	43.8%
Federal Funds	\$88,076	\$51,432	\$36,644	58.4%
Local Cash Match	\$29,359		\$29,359	0.0%
Total	\$117,435	\$51,432	\$66,003	43.8%

Note: Line item categories with no budgeted or actual expenditures are deleted (e.g., "confidential funds").  
'Unpaid obligations' are not shown.

*Recommendations for MCCC Byrne substance abuse grant*

1. Site visits are suggested to verify and describe the current supply of substance abuse treatment services by the new contractor, Fairbanks.
2. Pre-program and post-program tests were reportedly administered to LET participants (as described in the grant proposal). If these data sets were created, they could be used to assess program impact. However, if LET is no longer being used by the new contractor, Fairbanks, analysis of LET program impacts in 2005-06 might not be worthwhile. However, if such tests are also administered by Fairbanks, use of those findings should be useful additions to future performance evaluation efforts.
3. Because the primary goal of this grant was to "reduce the re-arrests of [addicted] offenders," MCCC should provide more systematic data on the recidivism profiles of released offenders who completed the jail-based substance abuse treatment program.
4. The MCCC substance abuse programs supported by Byrne (or other) grants administered by ICJI should be encouraged to more closely coordinate their actual to budgeted expenditures, so that larger proportions of total grant awards are ultimately consumed.